Course No.: OM7070
Course Title: Pediatric Clerkship
Credit Hours: 4 weeks, 10 credit hours for each rotation
Term – Dates: Variable in OMS III academic year
Level: OMS III
Chair: Lisa Warren, D.O., Elisabeth Guenther, M.D.

Department of Clinical Education Contact Information

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Educational Goal

The Pediatric core curriculum provides exposure to many aspects of primary care. However, in four short weeks students will see only a portion of the many diseases, disorders, and procedures that pediatric physicians manage. Consequently, students are responsible for independent studies in preparation for the following assessments: Pediatric specialty, standardized COMAT shelf examination; the Pediatric Objective Structural Clinical Examination (OSCE); and COMLEX Level 2/NBME Step 2 CK national board examinations.

The goals of the Pediatrics Clerkship are to foster:

1) Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence
2) Acquisition of the knowledge necessary for the diagnosis and initial management of common pediatric acute and chronic illnesses
3) An understanding of the approach of pediatricians to the health care of children and adolescents
4) An understanding of the influence of family, community and society on the child in health and disease
5) Development of communication skills that will facilitate the clinical interaction with children, adolescents and their families and thus ensure that complete, accurate data are obtained
6) Development of competency in the physical examination of infants, children and adolescents
7) Development of clinical problem-solving skills
8) Development of strategies for health promotion as well as disease and injury prevention
9) Development of the attitudes and professional behaviors appropriate for clinical practice

1. PHILOSOPHY OF PEDIATRICS CLERKSHIP:
The pediatric rotation addresses issues unique to childhood and adolescents by focusing on human developmental biology, and emphasizes the impact of family, community and society on child health and well-being. Additionally, the clerkship focuses on the impact of disease and its treatment on the developing human, and emphasizes growth and development, principles of health supervision and recognition of common health problems.

<table>
<thead>
<tr>
<th>Core Pediatric Clerkship Learning Objectives</th>
</tr>
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<tbody>
<tr>
<td><strong>Skills:</strong></td>
</tr>
<tr>
<td>1) A basic knowledge of growth and development and its clinical application from birth through adolescence.</td>
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<tr>
<td>2) Communication skills to facilitate the clinical interaction with children, adolescents and their families.</td>
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<tr>
<td>3) Physical examination of infants, children, and adolescents.</td>
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<td>4) Diagnose and initially manage common acute and chronic illnesses.</td>
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<td>5) Clinical problem-solving skills.</td>
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<td>6) Understand the influence of family, community and society on the child in health and disease.</td>
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<tr>
<td>7) Develop strategies for health promotion and disease and injury prevention.</td>
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<td>8) Write a Pediatric Admission Note</td>
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<td>9) Write a Pediatric Progress Note</td>
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</tbody>
</table>

**Professionalism:**

1) Demonstrates respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
2) Demonstrates sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors, and disabilities of patients and colleagues
3) Adheres to the principles of confidentiality and informed consent
4) Effectively establish rapport with patients and families and initiates communication with them on a regular basis
5) Displays support and empathy to patients and families
6) Demonstrates respect for and recognition of skill sets possessed by other healthcare team members

Objectives and the COMSEP:
The Pediatrics Clerkship curriculum uses the APA/COMSEP General Pediatric Clerkship Curriculum as a guide to provide the most complete and current clinical experience for its students. Since its publication in 1995, this standardized curriculum has been adopted by more than 90% of the Pediatric Clerkships in North America. The broad goal of the General Pediatric Clerkship Curriculum is to provide an educational roadmap to build a program of medical student education in Pediatrics, not just in the clerkship year but throughout the entire medical school experience. Since its original publication, the Curriculum has been modified twice; once in 2002 and again in 2005. The revisions have been initiated by Clerkship Directors to respond to evolving trends and pressures in medical student education. The most recent revision makes the Curriculum an explicitly competency-based curriculum, sets standards for core competencies to be achieved during the clerkship experience, and outlines an approach to meet the standards of the Liaison Committee on Medical Education.

Rotation Expectations

During the rotation, the student is expected to do the following:

1. Assist in admitting patients to the hospital (from the ER, direct admit, transfer under the supervision of a pediatric resident/intern or attending). In the outpatient setting the student will evaluate and manage patients as directed by their preceptor.
2. Write accurate, organized and legible progress notes
3. Recommend to the intern, resident or attending physician a treatment plan for assigned patients
4. Demonstrate knowledge of specific medical procedures (indications and contraindications)
5. Make daily rounds and record progress notes and review orders on patients (Preceptors/Clinical Faculty: please direct students on approved use of any electronic medical records. If the student is not allowed to enter data directly into the electronic records, please have the student “hand write” all progress notes and orders for daily review).
6. Accompany attending, residents and interns on rounds.
7. Effectively communicate with attending, residents and interns about patients when on rounds and with regard to perceived problems with patients and any change of status of patients.

8. Participate in all conferences, morning reports, lectures, and meetings as directed by the attending and COMP faculty.

9. Lecture or present case histories as requested by interns, residents or attending.

10. Be timely.

11. Wear appropriate attire.

12. Be professional at all times.

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**Required Educational Assignments**

The Essentials of Clinical Medicine (ECM) is a cumulative and comprehensive course encompassing the entire span of the third-year curricula at the College of Osteopathic Medicine of the Pacific (COMP). ECM is designed to build in the osteopathic medical student the skills necessary to become a successful, compassionate, and competent osteopathic physician who is a life-long learner. This course is designed to broaden students’ knowledge through engagement with various clinical scenarios. The skills and knowledge sets expected from participation in ECM V include topics in Pediatrics; readings and quizzes follow along with the Pediatrics Clerkship. ECM V is an online course. The ECM V Pediatrics-based curriculum is designed to set the foundation in critical skills the student will use in the fourth-year and into residency.

The following are the main course learning objectives that will be covered during ECM V. The referenced list of COMP/AOA competencies and Institutional outcomes are available in the Student Handbook.

- To enhance the student’s ability to present a clinical case in a precise presentation format. *(COMP/AOA competencies 1; Institutional outcomes 1,2,3,6)*

- To expose the students to a variety of scenarios that physicians may encounter in their practice. *(COMP/AOA competencies 2,5,7; Institutional outcomes 1,2,3,4,5,6,7)*

- To guide students in identifying pertinent history and physical findings of the case and to test their basic knowledge. *(COMP/AOA competencies 1,2,5,7; Institutional outcomes 1,2,3,4,5,6,7)*

- To develop students’ critical thinking skills, and to encourage usage of electronic resources in the solving problems process. *(COMP/AOA competencies 1,6,7; Institutional outcomes 1,2,3,6,7)*
For Pediatrics, the student is assigned cases and questions through CLIPP modules. The specifics on how to access CLIPP and which modules to do will be emailed to each student at the beginning of the rotation. Also, the links are listed below.

PLEASE SEE BLACK BOARD ECM V COURSE FOR THE FOLLOWING:

Assigned Readings:
- Online:
  - Center for Disease Control, 2014 Recommended Immunizations for Children from Birth Through 6 Years of Age
  - Center for Disease Control, A Presentation on Asthma Management and Prevention, 2013
  - MedU:
    - CORE:
      - CORE 11: Pediatrics A
      - CORE 12: Pediatrics B
    - CLIPP: (Cards and Case Summary)
      - MedU Cases Introduction
      - Case 1: Evaluation and care of the newborn infant
      - Case 2: Infant well child (2, 6, and 9 months)
      - Case 3: 3 yo well-child
      - Case 8: 6 day-old with jaundice
      - Case 10: 6 month-old with a fever
      - Case 13: 6 yo with a chronic cough
      - Case 14: 18 month-old with congestion
      - Case 16: 7 yo with abdominal pain and vomiting
      - Case 19: 16 month-old with first seizure
      - Case 21: 6 yo boy with bruising
    - 10 Points for attesting to completion of modules/readings.
    - 15 Point Quiz.

Case Presentation/Case Conference/Case Study

Highly Recommended Presentation: During your Pediatric rotation it is highly recommended that you complete one case-based presentation, including an in depth discussion of one or more aspects of the case (e.g. a presenting symptom or sign, a diagnostic category or management issue) that you want to learn more about during your rotation. The actual case chosen should be based on a patient you personally evaluated in either the inpatient or outpatient setting. The presentation should be given to the Pediatric Attending Physician/Preceptor and any other members of the medical team (e.g. medical students, interns, residents). The presentation should be about 15-20 minutes in length and should be accompanied by handouts including a written description of the case and an evidence based discussion of the topic to be presented with a list of the recent literature used to obtain information for the discussion. The literature could include material from journal articles, national guidelines, professional publications and web sites.

Recommended Procedures (to see or do)
The student should be familiar with and / or perform and evaluate common office based laboratory results including:

- All diagnostic blood work pertinent to the disease state being evaluated
- Urine analysis
- Hemoccult
- Peak flow
- Spirometry
- Audiometry
- Glucose
- Vision screening

The student should be familiar with and / or perform the following medical / surgical procedures:

- Venipuncture
- Urine dip stick / urine pregnancy test
- Cerumen removal
- Foreign body removal
- Sutures/staples removal
- Intramuscular and subcutaneous injections
- Immunization injections
- Intravenous line
- Irrigation and drainage
- Wound management
- Splinting, ace wrapping
- Laceration repair
- Local anesthetics
- Catheterization
- Circumcision
- Lumbar puncture

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**Core Topics of Study**

**Health Supervision**
- Anticipatory Guidance
- Normal Vital Signs for Age
- Injury Prevention
- Immunizations

  Screening Tests, i.e., Vision, Hearing, Etc.

**Safety**

**Substance Abuse**

**Growth and Development**
- Cerebral Palsy
- Denver Developmental Milestones
- Growth Charts
Macro and Microcephaly
Mental Retardation
Short Stature

Behavior
Attention Deficit Disorder
Depression
Eating Disorders
Encopresis
Enuresis
Temper Tantrums
Toilet Training
Sleep Problems

Nutrition
Breast Feeding
Constipation
Dental Caries
Failure to Thrive
Formula Feeding
Infant, Child, and Teen Dietary Requirements
Obesity
Vitamin and Fluoride Supplementation

Issues Unique to Adolescents
Acne
Breast Problems
High Risk Behavior
Menstrual Problems
Sexually Transmitted Diseases
Sports Medicine
Suicide

**Rotation Faculty**

Students are assigned to specific credentialed clinical faculty at their core clinical site.

**Campus contacts:**

| Pomona campus | Lebanon campus |
Lisa Warren, D.O.  
Chair, Department of Pediatrics  
Assistant Professor of Pediatrics  
Appointments available by email at lwarnen@westernu.edu

Elisabeth Guenther, M.D.  
Vice-Chair, Department of Pediatrics  
Assistant Professor of Pediatrics  
Appointments available by email at eguenther@westernu.edu

### Instructional Methods

Scheduled rotation time will be used for supervised patient care, case presentations and independent studying.

### Texts and Media

The study of Pediatrics is based on the clinical experience, with foundations in the principles taught during the Pediatrics Systems course in the OMS II year at WesternU. The experiences gained through direct patient care, augmented by the guidance of supervisory faculty and staff at the clinical site, are critical to the successful acquisition of the competencies necessary for completion of this clerkship. However, given the inherent differences among patients and clinical sites, it is expected that supplemental material is utilized on a routine basis.

The following textbook is **required**:  

   http://www.mdconsult.com/books/about.do?eid=4-u1.0-8978-0-323-05303-7..X5001-6-- TOP&isbn=978-0-323-05303-7&about=true&uniqId=238192007-2

The following textbooks and electronic material are recommended (supplemental):  

   http://www.mdconsult.com/books/about.do?about=true&eid=4-u1.0-8978-1-4160-2450-7..X5001-4-- TOP&isbn=978-1-4160-2450-7&uniqId=238192007-2
2. **UpToDate®**  
6. **Oski et al: Principles and Practice of Pediatrics** (2nd edition); Lippincott  
7. **Rudolph’s: Pediatrics** (20th edition); Appleton and Lange  
8. **Zitelli/Davis: Atlas of Pediatric Physical Diagnosis** Mosby-Wolfe  
9. **Volpe: Neurology of the Newborn** (3rd edition); Saunders  
10. Schwartz et al: **Pediatric Primary Care, A Problem Oriented Approach** (3rd edition); Mosby  
11. **Seidel: Primary Care of the Newborn (2nd edition)**; John Hopkins Center; Mosby

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13. Levin et al: **Essentials of Pediatric Intensive Care** (2nd edition);
15. Hurwitz: **Clinical Pediatric Dermatology** (2nd edition); Saunders
16. Feigin/Cherry: **Textbook of Pediatric Infectious Disease** (3rd Edition), Saunders
   Algranati, Paula: The Pediatric Patient

**Rotation Format, Evaluation, Grading and Student Feedback**

Additional information is located in the Clinical Education Manual at: [http://www.westernu.edu/bin/ime/cem-2014.pdf](http://www.westernu.edu/bin/ime/cem-2014.pdf)

**Rotation Format/ Schedule**

Each site should provide students with a schedule on their first day of the rotation. These schedules are rarely available prior to the start of the rotation. If your preceptor does not offer the schedule you need to ask for it so you will know in advance what nights and weekends you will be on call.

**GRADING:**

Students are assessed by their clinical preceptors with end of rotation summative evaluations. The summative evaluations are submitted using the online service, New Innovations. This system has a “red flag” notification function that alerts the Clinical Education Department to low scores on the evaluations. Any low performance review is addressed by the Director or Assistant Director for Clinical Education for each campus location.

Clinical faculty and preceptors are encouraged to give students feedback on an ongoing basis. However, if a student is not getting some type of performance feedback (either formally or informally) at least once per week, it is the responsibility of the student to ask how he or she is doing and what needs to be done to improve performance on the rotation.

The Pediatrics Clerkship grade is determined using the following:

1. Preceptor Evaluation
2. Didactic Week
   a. OSCE
   b. Standardized Subject (Shelf/COMAT) Examination
   c. Didactic Week participation (including sign-in and attendance at all sessions and completion of all CoursEval surveys which include an evaluation of each rotation site and an evaluation of the Didactic Week sessions)
3. Required online CLIPP activity; must be completed by the end of the corresponding didactic week in order to pass the rotation.

**General Policies**

**Policy on Disability Accommodations:** To obtain academic accommodations for this rotation, students with disabilities should contact the Center for Disability Issues and the Health Professions and the system
coordinator within ten days of the beginning of the system. Disability Services can be reached at 909-469-5380.


Academic Dishonesty: Complete confidence in the honor and integrity of health professions student and health care professional is essential. Such confidence depends entirely on the exemplary behavior of the individual health care provider in his or her relations with patients, faculty and colleagues. Strict honesty as a personal way of life should be nurtured during the period of education for professional service. The student shall conduct all aspects of his or her life with honor and integrity. This includes accountability to oneself and to relationships with fellow students, future colleagues, faculty, and patients who come under the student’s care or contribute to his or her training and growth, and members of the general public. This applies to personal conduct that reflects on the student’s honesty and integrity in both academic and non-academic settings, whether or not involving a University sponsored activity. Upon accepting admission to the University, each student subscribes to and pledges complete observance to the Standards of Academic and Professional Conduct as outlined in the University Catalog for each academic program. A violation of these standards is an abuse of the trust placed in every student and could lead to suspension or dismissal.

PEDIATRICS CLERKSHIP LEARNING OUTCOMES:

The mission at WesternU/COMP and COMP-Northwest mandates that student-learning embrace a rich combination of scientific knowledge, clinical and interpersonal skills, application of osteopathic principles, and competencies in life-long learning. Western University of Health Sciences has long maintained Institutional Learning Outcomes (ILOs). WesternU/COMP and COMP-Northwest follow the guidelines set-forth by the accrediting arms of the AOA/AACOM for its Program Learning Outcomes (PLOs) by mirroring them to its core competencies. WesternU/COMP and COMP-Northwest create curriculum content and assess student performance based on these ILOs/PLOs, which are also correlated with the mission of the College.

Western University of Health Sciences Institutional Learning Outcomes

<table>
<thead>
<tr>
<th>WU INSTITUTIONAL OUTCOMES</th>
<th>Health Professional Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Critical Thinking</td>
<td>The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.</td>
</tr>
<tr>
<td>2. Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
<td>The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.</td>
</tr>
</tbody>
</table>
### 3. Interpersonal Communication Skills
The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.

### 4. Collaboration Skills
The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients.

### 5. Ethical and Moral Decision Making Skills
The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty and compassion.

### 6. Life Long Learning
The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.

### 7. Evidence-Based Practice
The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.

### 8. Humanistic Practice
The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.

### WesternU COMP and COMP-Northwest Program Learning Outcomes

<table>
<thead>
<tr>
<th>COMP/AOA CORE COMPETENCIES</th>
<th>Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Osteopathic Philosophy and Osteopathic Manipulative Medicine</td>
<td>Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.</td>
</tr>
<tr>
<td>2. Medical Knowledge</td>
<td>Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.</td>
</tr>
<tr>
<td>3. Patient Care</td>
<td>Graduates must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.</td>
</tr>
<tr>
<td>4. Interpersonal and Communication Skills</td>
<td>Graduates are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.</td>
</tr>
<tr>
<td>5. Professionalism</td>
<td>Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, and collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effective care for patients.</td>
</tr>
</tbody>
</table>
### 6.  Practice-Based Learning and Improvement

Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

### 7.  Systems-based Practice

Graduates are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

<table>
<thead>
<tr>
<th>COMPARISON OF OUTCOMES STANDARDS:</th>
<th>WU AND COMP</th>
<th>WU</th>
<th>COMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td></td>
<td>1</td>
<td>1, 2, 3, 6</td>
</tr>
<tr>
<td>Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
<td>2</td>
<td>1, 2, 3, 4, 5, 6, 7</td>
<td></td>
</tr>
<tr>
<td>Interpersonal Communication Skills</td>
<td>3</td>
<td>4</td>
<td></td>
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<tr>
<td>Collaboration Skills</td>
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<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Ethical and Moral Decision Making Skills</td>
<td>5</td>
<td>1, 3, 5, 6</td>
<td></td>
</tr>
<tr>
<td>Life Long Learning</td>
<td></td>
<td>6</td>
<td>1, 2, 3, 6, 7</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td></td>
<td>7</td>
<td>1, 2, 3, 6, 7</td>
</tr>
<tr>
<td>Humanistic Practice</td>
<td></td>
<td>8</td>
<td>3, 4, 5</td>
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